

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14		1		1		
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TOTAL IND.	3		4			
TOTAL DER.	17		31			
TOTAL CLAIMS	20		35			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS